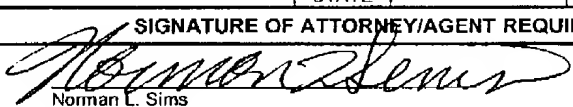



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|--|------------------------|-----------------|--|--|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL | Application No. | 09/935,900 | | |
| | Filing Date | August 23, 2001 | | |
| | First Named Inventor | Korchnak | | |
| | Group Art Unit | 1733 | | |
| | Examiner Name | Piazza Corcoran | | |
| | Attorney Docket No. | 61538 | | |
| | Express Mail Label No. | | | |
| <small>This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application. Note: 37 CFR §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 CFR §1.53(d) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA.</small> | | | | |
| 1. Submission required under 37 CFR §1.114 | | | | |
| a. Previously submitted | | | | |
| i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____ (any unentered amendment(s) referred to above will be entered) | | | | |
| ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ | | | | |
| iii. <input type="checkbox"/> Other: _____ | | | | |
| b. Enclosed | | | | |
| i. <input checked="" type="checkbox"/> Amendment/Reply | | | | |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | | | | |
| iii. <input type="checkbox"/> Information Disclosure Statement (IDS) | | | | |
| iv. <input type="checkbox"/> Other : _____ | | | | |
| 2. Miscellaneous | | | | |
| a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR §1.17(i) required) | | | | |
| b. <input type="checkbox"/> Other: _____ | | | | |
| 3. Fees (The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.) | | | | |
| a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 04-1512. | | | | |
| i. <input checked="" type="checkbox"/> RCE fee of \$770 required under 37 CFR §1.17 | | | | |
| ii. <input type="checkbox"/> Extension of time fee (37 CFR §§ 1.136 and 1.17) | | | | |
| iii. <input type="checkbox"/> Other _____ | | | | |
| b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed | | | | |
| c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) | | | | |
| NEW CORRESPONDENCE ADDRESS | | | | |
| <input type="checkbox"/> Customer Number 00109 or <input type="checkbox"/> Correspondence address below | | | | |
| | | | | |
| NAME _____ | | | | |
| ADDRESS _____ | | | | |
| CITY _____ STATE _____ ZIP CODE _____ | | | | |
| SIGNATURE OF ATTORNEY/AGENT REQUIRED | | | | |
|  | | | | |
| SIGNATURE NAME Norman L. Sims | | | | |
| REGISTRATION NO. 30685 | | | | |
| DATE August 27, 2004 | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent & Trademark Office on: | | | | |
| NAME Mildred McKenzie | | | | |
| SIGNATURE  DATE August 30, 2004 | | | | |